UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK
----------X

IN RE: Case No: 10-10384 (SCC)
ROBERTA C. YAFIE

Debtor
----------X

SECOND STATUS REPORT

Now comes Narissa A. Joseph, ("Debtor's Counsel"), the Debtor's Counsel and files this Case Status Report and would show unto the Court the following:

1. Since the last confirmation hearing, I have been attempting to reach out to the Debtor regarding amending her plan and resolving the Chapter 13 Trustee's concern with no avail until November 15, 2010. This is both due to the Debtor's and my health. On October 30, 2010, I give birth to a baby girl and was of the office for a few weeks. The Debtor is suffering from a blood clot in her leg and depression.

2. After speaking with the Debtor, I was advised that she suffering from claudication. Claudication is a medical term usually referring to impairment in walking or a "painful, aching, cramping, uncomfortable or tired feeling in the legs that occurs during walking and is relived by rest." Attached hereto as Exhibit A is a letter from Debtor's physician.

3. Debtor is scheduled for medical testing on November 18, 2010 and surgery during the week of November 22, 2010.

4. Due to Debtor's mental and physical health she has been unable to attend to her Bankruptcy case. Debtor should be fully recovered by November 26, 2010 and would be able to satisfy her requirement as a Chapter 13 Debtor.

Wherefore, Debtor's Counsel prays that this Court adjourns the Debtor's confirmation hearing to allow the Debtor to bring her trustee payment current and meet the other requirement as a Chapter 13 Debtor.

Respectfully submitted this 17 Day of November, 2010

/s/ Narissa A. Joseph, Esq
Law Office of Narissa A. Joseph
277 Broadway, Suite 501
New York, New York 10007
(212) 233-3060

Dawn C. Cieplensky, D.O.
141 E. 55th Street
7B
New York, N.Y. 10022

November 17th, 2010

To Whom It May Concern:

Re: Roberta Yafie

Ms. Yafie has requested that I write this letter to you on her behalf. Ms. Yafie is under my care and the care of other physicians, including Specialists for an acute health crisis. As I write this letter, she is undergoing extensive medical testing to ascertain the cause of her inability to walk due to extreme pain in her right leg. The cause of this pain may be due to a very serious condition that would require imminent surgical intervention to alleviate.

Please understand that at this time, Ms. Yafie is suffering with a very serious medical condition that may require surgery urgently.

Sincerely,

Dawn C. Cieplensky DO

Claudication

From Wikipedia, the free encyclopedia

Claudication, literally 'limping' (Latin), is a medical term usually referring to impairment in walking, or a "painful, aching, cramping, uncomfortable, or tired feeling in the legs that occurs during walking and is relieved by rest".[1][2] The perceived level of pain from claudication can be mild to extremely severe. Claudication is most common in the calves but it can also affect the feet, thighs, hips, buttocks, or arms.[1]

Claudication

Classification and external resources

ICD-10	I73.9
ICD-9	443.9
DiseasesDB	2777
MeSH	D007383

Contents

Types

Intermittent vascular

Main article: Intermittent claudication

Intermittent vascular (or arterial) claudication (Latin: *claudicatio intermittens*) most often refers to cramping pains in the buttock or leg muscles. It is caused by poor circulation of the blood to the affected area. The poor blood flow is often a result of atherosclerotic blockages more proximal to the affected area;[3] individuals with intermittent claudication may have diabetes—often undiagnosed.[4]

Spinal or neurogenic

Main article: Neurogenic claudication

Spinal or neurogenic claudication is not due to lack of blood supply, but rather it is caused by nerve root compression or stenosis of the spinal canal,[5] usually from a degenerative spine, most often at the "L4-L5" or "L5-S1" level. This may result from many factors, including bulging disc, herniated disc or fragments from previously herniated discs (post-operative), scar tissue from previous surgeries, osteophytes (bone spurs that jut out from the edge of a vertebra into the foramen, the opening through which the nerve root passes). In most cases neurogenic claudication is bilateral, i.e. on both sides, but it can also be present unilaterally.

Jaw

Jaw claudication is pain in the jaw or ear while chewing. This is caused by insufficiency of the arteries supplying the jaw muscles, associated with giant cell arteritis.[6][7]

Differential diagnosis

Vascular (or arterial) claudication typically occurs after activity or ambulation for a distance with resultant vascular insufficiency (lack of blood flow) where the muscular demands of oxygen outweighs the supply. Symptoms are lower extremity cramping. Resting from activity even in a standing position may help relieve the symptoms.

Spinal or neurogenic claudication may be differentiated from arterial claudication based on activity and position. In neurogenic claudication, positional changes lead to increased stenosis (narrowing) of the spinal canal and compression of nerve roots and resultant lower extremity symptoms. Standing and extension of the spine narrows the spinal canal diameter. Sitting and flexion of the spine increases spinal canal diameter. A person with neurogenic claudication will have worsening of leg cramping with standing erect or standing and walking. Symptoms may be relieved by sitting down (flexing the spine) or even by walking while leaning over (flexion of the spine) a shopping cart.[4]

The ability to ride a stationary bike for a prolonged period of time differentiates neurogenic claudication from vascular claudication. Weakness is also a prominent feature of spinal claudication that is not usually present in intermittent claudication.[4]

Prognosis

The prognosis for patients with peripheral vascular disease due to atherosclerosis is poor; patients with intermittent claudication due to atherosclerosis are at increased risk of death from cardiovascular disease (e.g. heart attack), because the same disease that affects the legs is often present in the arteries of the heart.[8]

References

1. ^ [a] [b] *Peripheral Arterial Disease* at Merck Manual of Diagnosis and Therapy Professional Edition
2. ^ *claudication* at Dorland's Medical Dictionary
3. ^ Simon RW, Simon-Schulthess A, Simon-Schulthess A, Amann-Vesti BR (April 2007). "Intermittent claudication". *BMJ* 334 (7596): 746. doi:10.1136/bmj.39036.624306.68. PMID 17413176.
4. ^ [a] [b] [c] Burns P, Gough S, Bradbury AW (March 2003). "Management of peripheral arterial disease in primary care". *BMJ* 326 (7389): 584–8. doi:10.1136/bmj.326.7389.584. PMID 12637405.
5. ^ Comer CM, Redmond AC, Bird HA, Conaghan PG (2009). "Assessment and management of neurogenic claudication associated with lumbar spinal stenosis in a UK primary care musculoskeletal service: a survey of current practice among physiotherapists". *BMC Musculoskelet Disord* 10: 121. doi:10.1186/1471-2474-10-121. PMID 19796387.
6. ^ Reiter S, Winocur E, Goldsmith C, Emodi-Perlman A, Gorsky M (2009). "Giant cell arteritis misdiagnosed as temporomandibular disorder: a case report and review of the literature". *J Orofac Pain* 23 (4): 360–5. PMID 19888487.
7. ^ Ricck KL, Kermani TA, Thomsen KM, Hamsen WS, Karban MJ, Warrington KJ (July 2010). "Evaluation for Clinical Predictors of Positive Temporal Artery Biopsy in Giant Cell Arteritis". *J Oral Maxillofac Surg* doi:10.1016/j.joms.2010.02.027. PMID 20674120.
8. ^ Shammas NW (2007). "Epidemiology, classification, and modifiable risk factors of peripheral arterial disease". *Vasc Health Risk Manag* 3 (2): 229–34. doi:10.2147/vhrm.2007.3.2.229. PMID 17580733.